

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)								SERIAL NO. 1091979540	FILING DATE	
								APPLICANT(S)		
								CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/							51		
2								52		
3								53		
4								54		
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44								94		
45								95		
46								96		
47								97		
48								98		
49								99		
50								100		
TOTAL IND.	5							TOTAL IND.		
TOTAL DEP.	0							TOTAL DEP.		
TOTAL CLAIMS	5							TOTAL CLAIMS		